CITY OF HOPEWELL, VIRGINIA FOOD & BEVERAGE TAX FILING FORM



P.O. Box 1604 Hopewell, Virginia 23860

PHONE: (804) 541-2237 FAX: (804) 541-2207 Debra K. Reason, Master Commissioner of the Revenue

rade Name:	
Owner's Name:	
Address:	
City/State/Zip:	
PAYMENT DUE:	<u> </u>
TAX YEAR:	
	
RETURN ENTIRE FORM	
Taxes must be reported and submitted by the 20 person shall fail or refuse to remit the taxes colle such taxes a penalty in the amount of ten (10) p whichever shall be greater; provided, however, t	Oth of the month following the month of collection. If any ected, as required by this article, there shall be added to ercent thereof, or the sum of ten dollars (\$10.00), hat the penalty shall in no case exceed the amount of tax percent per annum, which shall be computed upon the in which such taxes are due to be remitted.
ACCOUNT #:	FOR MONTH OF:
GROSS MEAL RECEIPTS (TO INCLUE *GROSS RECEIPTS EXEMPTIONS TOTAL MINUS EXEMPTIONS 6.0% TAX ON MEALS PENALTY & INTEREST (SEE ABOVE). TOTAL REMITTANCE	
willfully fails to pay, collect, or truthfully account occupancy, food and beverage, or daily rental proor other authorized officer, or willfully attempts in payment thereof, shall, in addition to other pena	roperty tax administered by the commissioner of revenue any manner to evade or defeat any such tax or the lities provided by law, be liable for a penalty of the amount unted for and paid over, to be assessed and collected in
SIGNED	DATE

VALID ONLY FOR AMOUNT RECEIPTED BY TREASURER *Exemptions will not be allowed without proper documentation attached